

1984

## GENERATOR ANNUAL DANGEROUS WASTE REPORT

Form 4

1. COMPANY NAME

ALASKAN COPPER WORKS

2. EPA/STATE HAZARDOUS WASTE IDENTIFICATION NUMBER

WAD980738546

3. LOCATION ADDRESS

Street or Description (see instructions)

City

State

Zip

3600 E MARGINAL WAY

SEATTLE

WA

98134

4. LOCATION COUNTY

KING

DATE INTO DEPT.

5. MAILING ADDRESS AND CONTACT PERSON FOR ANNUAL REPORT CORRESPONDENCE

Street or P.O. Box

City

State

Zip

Contact:

JAMES C BROWN

P O BOX 3546

SEATTLE

WA

98134

Phone 206-623-5800

6. MAILING ADDRESS AND CONTACT PERSON FOR GENERATOR FEE CORRESPONDENCE

Street or P.O. Box

City

State

Zip

Contact:

JAMES C BROWN

P O BOX 3546

SEATTLE

WA

98134

Phone 206-623-5800

7. WASHINGTON STATE DEPT. OF REVENUE REGISTRATION NUMBER

(b) (6)

8. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

Primary

3498

9. SITE EMPLOYMENT ON DECEMBER 31, 1984

300

10. REGULATORY STATUS—If your company meets any of the conditions below, you are exempt from completing page 2 of the report. (Circle the appropriate number)

1. Installation Closed (specify date: \_\_\_\_\_) no longer conducting business at this site.
2. Recycling—all wastes were recycled in a manner exempted by WAC 173-303-017.
3. All waste materials are not a solid waste as defined by WAC 173-303-016.
- ☒ 4. Did NOT generate Dangerous Waste at this site during 1984.
5. Small Quantity Generator—did not generate or accumulate a regulated quantity of dangerous waste during 1984 (complete 5a and 5b).  
5a. Maximum generated in any month or batch (see instructions) was: ☐ < 100 pounds ☐ 100-220 pounds ☐ 220-400 pounds.  
5b. Maximum Quantity accumulated on-site prior to shipment, specify amount: \_\_\_\_\_
6. Other (include a cover letter detailing your basis for exemption from reporting).

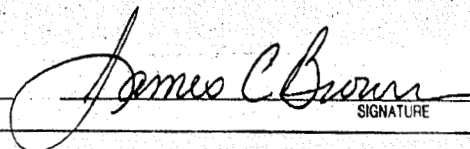
11. ☐ ONE-TIME-ONLY GENERATOR STATUS: Regulated dangerous Waste was generated only one time during calendar year 1984. Refer to instructions and WAC 173-305-040 to determine if you are a one-time-only generator. If this status applies to you, you must still complete page two of this report.

12. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

JAMES C. BROWN

PRINT OR TYPE NAME



SIGNATURE

2/27/85

DATE SIGNED

## SEND TO:

DEPARTMENT OF ECOLOGY  
HAZARDOUS WASTE SECTION  
ATTN. Annual Reports R/6  
Mail Stop PV-11  
Olympia, WA 98504-8711

Phone Numbers for Assistance:

(206) 459-6300 or 650414  
6314 or 6306  
6305

## DUE DATE:

Postmarked No Later Than  
MARCH 1, 1985

1984

# GENERATOR ANNUAL DANGEROUS WASTE REPORT

1984

13. YOUR EPA/STATE HAZARDOUS  
WASTE IDENTIFICATION NUMBER

WA

14. RECEIVING FACILITY (TSD)  
EPA/STATE I.D. NUMBER

NAME:  
ADDRESS:

15. TRANSPORTER

EPA/STATE I.D. NUMBER

NAME:  
ADDRESS:

16. WASTE IDENTIFICATION

L I N E	A. Manifest Document Number	B. Manifest Shipment Date (MM DD YY)	C. S t a t u s	D. Physical State S=Solid L=Liquid G=Sludge	E. Chemical Nature O=Organic I=Inorganic	F. Waste Description (see instructions)	G. Dangerous Waste Number (see instructions and WAC 173-303)	H. Waste Designa- tion DW or EHW	I. Amount of Waste	J. Weight Code	K. For TSD Facility Use Only
1											
2											
3											
4											
5											
6											
7											
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9											
10											
11											
12											
13											
14											
15											

17. COMMENTS (Enter information by section and/or line number—see instructions).